Contract Number		United States Environmental Protection Agency Washington, DC 20460 Work Assignment				Work Assignment Number . 2-53			
Contract Number Contract Period 12/16/20/8 To 11/30/2011 Title of Work Assignment SP Size Name EP-C-08-010 Base Option Period Number 2	EPA					Other X Amendment Number:			
Delication						000001 .			
Specific Consultation Spec	Contract Number	tract Number Contract Period 12/16/2008 To 11/30/2011					Title of Work Assignment/SF Site Name		
SCIENTIFIC CONSULTING GROUP, INC, THE 2.2 2.4	EP-C-08-010	Base	Option Period Nu	mber 2		CRA Stresson	r Groupings	s Deliber	
Work Assignment Work Assignment Work Assignment Cose Out From 06/23/2011 To 11/30/2011	Contractor				ragraph of Cor				
Work Plan / Cost From Cost	SCIENTIFIC CONSULTING GROUP, INC, THE 2.2, 2.4								
	Purpose: Work Assignment Work Assignment Close-Out					Period of Performance			
Comments: This amendment changes the WA COR from Julie Pitzpatrick to Lawrence Martin Superfund Accounting and Appropriations Data X Non-Superfund Sept. Note: To report additional accounting and appropriations date use EPA Form 1900-69A.	X Work Assignment Amendment Incremental Funding								
Superfund	Work Plan Approval					From 06/23/2011 To 11/30/2011			
Superfund									
SPD Note: To report additional accounting and appropriations date use EPA Form 1900-69A.	This amendment changes the WA COR from Julie Fitzpatrick to Lawrence Martin								
SPD Note: To report additional accounting and appropriations date use EPA Form 1900-69A.									
SPD Note: To report additional accounting and appropriations date use EPA Form 1900-69A.									
Section Sect	Superfund Accounting and Appropriations Data X Non-Superfund								
S	SFO								
2	⊕ DCN Budget/FY Appropri ⊑ (Max 6) (Max 4) Code (M		•		Amount (D	ollars) (Cents)			
3									
3	2					*			
Authorized Work Assignment Ceiling LOE:						-			
Authorized Work Assignment Ceiling									
Authorized Work Assignment Ceiling		<u> </u>					•		
Contract Period: Cost/Fee: LOE:									
Total: Work Plan / Cost Estimate Approvals								***************************************	
Total: Work Plan / Cost Estimate Approvals Contractor WP Dated: Cost/Fee: LOE: Cumulative Approved: Cost/Fee: LOE: Work Assignment Manager Name	12/16/2008 To 11/30/2011								
Work Plan / Cost Estimate Approvals Contractor WP Dated: Cost/Fee: LOE: Cumulative Approved: Cost/Fee: LOE: Work Assignment Manager Name Lawrence Martin Work Assignment Manager Name Lawrence Martin Branch/Mail Code: Phone Number: 202-564-6497	This Action:								
Work Plan / Cost Estimate Approvals Contractor WP Dated: Cost/Fee: LOE: Cumulative Approved: Cost/Fee: LOE: Work Assignment Manager Name Lawrence Martin Work Assignment Manager Name Lawrence Martin Branch/Mail Code: Phone Number: 202-564-6497									
Contractor WP Dated: Cost/Fee: Cumulative Approved: Cost/Fee:									
Cumulative Approved: Cost/Fee: Work Assignment Manager Name Lawrence Martin Branch/Mail Code: Phone Number 202-564-6497 FAX Number: Project Officer Name Verla Sutton-Busby Branch/Mail Code: Phone Number: 202-564-6808 FAX Number: Other Agency Official Name Branch/Mail Code: Phone Number: Branch/Mail Code: Phone Number: Branch/Mail Code: Phone Number: FAX Number: Branch/Mail Code: Phone Number: FAX Number: Softing Official Name Branch/Mail Code: Phone Number: FAX Number: FAX Number: FAX Number: Branch/Mail Code: Phone Number: FAX Number: FAX Number: FAX Number: Softing Official Name Branch/Mail Code: Phone Number: Branch/Mail Code: Phone Number: Branch/Mail Code: Bran									
Work Assignment Manager Name Lawrence Martin Branch/Mail Code: Phone Number 202-564-6497 FAX Number: FAX Number: Project Officer Name Verla Sutton-Busby									
Phone Number 202-564-6497 FAX Number: FAX Number: Project Officer Name Verla Sutton - Busby Branch/Mail Code: Phone Number: 202-564-6808 FAX Number: 202-564-6808 FAX Number: Phone Number: FAX Number: Phone Number: FAX Number: Phone Number: Signature Signature Phone Number: Signature Signature Phone Number: Signature Signature Phone Number: Signature Signature Signature Phone Number: Signature Sign	Cumulative Approved:	Cost/ree:			LOE				
College Coll	Work Assignment Manager Name Lawrence Martin								
Project Officer Name Verla Sutton-Busby Branch/Mail Code: Phone Number: 202-564-6808 FAX Number: Phone Number: Phone Number: Phone Number: Phone Number:					Pho				
Phone Number: 202-564-6808 Phone Number: 202-564-6808 Phone Number: 202-564-6808 Phone Number: 202-564-6808 Phone Number: Signature Phone Number					FAX				
(Signature) Other Agency Official Name Contracting Official Name Remota Tyus Remota Tyus Signature (Date) FAX Number: Phone Number: FAX Number: FAX Number: Branch/Mail Code: C POL Phone Number: 513-487-2094									
Other Agency Official Name Branch/Mail Code: Phone Number: FAX Number: FAX Number: Phone Number: FAX Number: Phone Number: Signature Phone Number: Signature Phone Number: Signature Phone Number: Signature Signature Phone Number:									
Contracting Official Name Report a Types Report a Types 8/30/// Phone Number: 513-487-2094									
Contracting Official Name Report a Tyus **Tyus** **Tyus** **Tyus** **Tyus** **Tyus** **Tyus** **Tyus** **Phone Number: 513-487-2094** **Tyus** **Phone Number: 513-487-2094** **Tyus** *	Other Agency Official Name								
Contracting Official Name Report a Tyus Report a Tyus 8/30/// Phone Number: 513-487-2094									
Renta Mus 8/30/1/ Phone Number: 513-487-2094									
512 407 0100	Slowly -						<u> </u>		
	(Signature) (Date)					FAX Number: 513-487-2109			

Work Assignment Form. (WebForms v1.0)